

Palms Row Health Care Limited

Northfield Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northfield Nursing Home is a care home that provides accommodation and nursing care for adults with a range of care and support needs, including adults who are living with dementia. The home can accommodate up to 63 people in one adapted building. In addition to nursing care, Northfield Nursing Home provided intermediate care and rehabilitative care. Intermediate care is typically short-term reablement support from a range of external professionals to help people recover and increase their independence. At the time of inspection there were 28 long-term placements and 11 intermediate/rehabilitative care placements.

People's experience of using this service and what we found

Since our last inspection the provider had made improvements in the management of medicines. Medicines were managed safely, and staff involved in the management of medicines had been assessed as competent to support people with their medicines.

People were safeguarded from the risk of abuse. Risks in relation to people's care were identified and risk assessments detailed information about how risks could be mitigated. The home was clean, and people were protected from the risk and spread of infections. There were enough staff available to assist people to meet their needs in a prompt way. Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. The provider had a safe recruitment process which assisted them in recruiting suitable staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were happy with the food provided, with choices available at each mealtime, along with snacks in between. The building was adapted to meet people's individual needs, there had been redecoration and refurbishment of the building since our last inspection. The home was clean and bright throughout.

The management team carried out regular audits to ensure the quality of the service was maintained. The management team took appropriate actions to address any issues. People, their relatives and staff had confidence in the management team and felt they were approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good, (published 31 March 2022).

At our last inspection we recommended that minor improvements were needed to ensure people's

medicines were managed safely. At this inspection we found the provider had acted on these recommendations. Medicines were managed safely, and staff involved in the management of medicines had been assessed as competent to support people with their medicines.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northfield Nursing Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northfield Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Northfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had a manager who was in the process of being registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the manager, registered nurses, care workers, administrative and ancillary staff. We observed staff interacting with people who used the service, to help us understand their experience. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found minor improvements were needed to ensure arrangements to store medicines were consistently safe. We saw 2 nurses where their competency check was over-due. At this inspection we found the provider had acted on these recommendations.
- Medicines were managed safely. There were systems in place to support people to receive their medicines as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- The managers completed regular audits of medicines management system. These audits were effective at identifying areas which needed to improve and ensure action was taken to address any issues.
- Staff involved in the management of medicines had been assessed as competent to support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt happy and safe living at the service and knew who to talk to if they felt unsafe. One person said, "Oh yes I feel very safe here, I wouldn't change anything," another said, "Good heavens yes, I feel it is safe here."
- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse. The manager and provider made appropriate referrals to the local safeguarding authority, when required.

Staffing and recruitment

- There were enough staff to keep people safe. During the inspection we observed people's needs being met in a timely manner. Staff responded to call bells quickly and no one waited long at lunch for their meal, including people dining in their bedrooms. People said, "The staff can be busy, it sometimes a little longer for them to come," and "I get everything I need when I need it. If I press the buzzer they come quickly."
- All staff we spoke with told us there were enough staff available to meet people's needs. One staff member said, "Of course it would be lovely to have more staff, but there are always enough care and nursing staff on duty."
- The provider had a system in place to safely recruit staff, this included pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Health and safety checks were completed regularly, to keep the environment and equipment safe.
- Risk assessments identified measures to reduce risks, to help keep people safe from harm.
- The provider had procedures in place for dealing with emergency situations. This included personalised plans to support people safely in an emergency. The manager confirmed these were kept in people's support plans on each floor of the home. We recommended a copy of these plans also be kept with the emergency bag situated in the foyer of the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The manager submitted DoLS applications to the local authority to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.
- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

Learning lessons when things go wrong

- The provider investigated accidents and incidents and acted to keep people safe.
- The provider had systems for monitoring and analysing incidents and used the findings to improve care provided at the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a homely atmosphere in the home and people appeared comfortable, happy, and relaxed. The feedback from people and relatives about the service and management team was very positive. Comments from people included, "Yes this is one of the best places, we also enjoy a good laugh," and "I don't want any changes, I like it as it is," and "It's a happy place." A relative said, "I'm quite impressed. They (staff) give really good care. Staff let me know whenever they have any concerns about (family member). They are well looked after."
- People told us they had regular contact with the managers and provider, so were able to provide feedback about the service very regularly. We saw written feedback from people and relatives on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- The service had a manager who was in the process of being registered with the Care Quality Commission. This means that, when the manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There had been an administrative issue which meant there had been a delay in CQC assessing this application. The manager had previous experience working as a registered manager at Northfield Nursing Home, so they had good knowledge of the home, staff and the provider's policies and procedures.
- The manager was supported by administrative staff, a clinical lead, deputy clinical lead and deputy managers who helped meet key responsibilities around quality and safety, such as managing staff and ensuring overall good audit compliance.
- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Staff told us how they enjoyed working at the service and felt supported by the manager and provider. Staff comments included, "I love it here I have worked here a long time," "People are well cared for here. It a really good team. The manager is approachable," and "We all work together and treat each other with respect, and this makes for a better team spirit."

- The provider audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager and staff had sent statutory notifications to CQC as required.

Working in partnership with others

- The provider and manager worked with other professionals as required to ensure people received timely care and support. This was clearly evidenced in people's care plans.
- There was evidence of working closely with the local authority and the local Infection Prevention and Control (IPC) team.
- The NHS trust partners also completed quarterly quality audits at the service. These audits included checks on the environment, medicines, and infection control. Managers at Northfield also had quarterly governance meetings with NHS trust partners and a GP visited the service 3 times a week, and as required.